

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank A Corvino

Mailing Address 408 West Lyon Farm Drive

City

Greenwich

State

CT

Zip Code

06831-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwich Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2012

Transaction ID : 20486912

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Marna P Borgstrom

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2012

Transaction ID : 20486913

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Clarence J Silvia

Mailing Address 36 Ferguson Road

City

Manchester

State

CT

Zip Code

06040-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hospital of Central Connecticut, The

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2012

Transaction ID : 20486914

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00